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ABSTRACT

The purpose of this study was to develop a measure of caring attitudes among young adults with specific reference to how persons in training for a variety of professions feel about caring for others and receiving care from them. A sample of 264 and 261 persons, ages 17 to 25, responded to the giving care and the receiving care instruments respectively. In both samples, approximately 50 percent of the subjects were studying for caring professions such as nursing, public health, and clincal psychology. Using coefficient alpha, a reliability of .794 and .794 was obtained for the giving and receiving care instruments. Studies of population differences on giving care snow: carers score higher than noncarers, female and male carers score equally well, and female noncarers, score higher than male noncarers. On receiving care, studies of population differences show no differences obtained between carers and noncarers and between males and females. Results were discussed both in relation to a theory of care giving and sex differences. A review of the literature of help-giving and caring reveals that the first two have received some recent attention. Scant information is available, however, on either the theory or measurement of caring. (Author)

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THE DEVELOPMENT AND EVALUATION OF A MEASURE OF GIVING CARE AND OF RECEIVING CARE

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The phenomena of human caring has long been a concern of moral philosophy and theology and more recently those social sciences most concerned with human behavior. Erikson (1974) has made the concept of caring central to his definition of adulthood in American society. An adult, he suggests, is someone who is able to take care of what he caresto be, whom he cares to be with, and whom and what he can take care of.

Much of the literature concerned with caring has defined caring in terms of helping and altruism which have been variously defined by Combs (1969), Fiedler (1972), Macaulay and Berkowitz (1970), Rogers (1961, and Simon (1967). The authors have chosen to use the concept of caring because of its broader implications. Caring can be perceived as more inclusive than helping with its connotation of active intervention and altruism which is concerned as more of a belief than an attitude.

Mayeroff defines giving care as helping others to grow. Giving care requires that the giver use powers such as trust, understanding, courage, responsibility, honesty, and humility. Mayeroff states, "in a broad sense, 'being with' characterizes the process of caring itself" (1971, p.6). From the point of view of one who is receiving care, 'being with' the giver of care, means to him that he is not alone, that he feels understood, and that he can open himself to the other. Defined in this way, caring is an attitude which predisposes the care giver and care receiver to perform, perceive, think and feel in relation to others.

It is the purpose of this paper, utilizing Mayeroff's definition of giving and receiving care, to present an assessment instrument developed for use with college age adults. The assessment instrument for giving care consisted of fifty items and that for receiving care of fifty items. These items were selected in part from a much larger pool of items which were based upon Mayeroff's six characteristics of giving care and three characteristics of receiving care. Other items were drawn from a list of twenty words related to care and taken from Rogets Thesarraus and Merriam's Dictionary of Synonyms. All items were written into sentences with one idea for each sentence. The original pool of items contained 103 sentences on giving care and 75 sentences on receiving care.

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The student population was divided into two categories: care givers and non-care givers. Care givers and non-care givers were defined by the student's stated major areas of study. Role theory states that within each role relationship there is some norm for performance. This norm acts as a model setting the expectations of participants in the role relationships. Persons enter role positions partly on the basis of the perceived attractiveness of the position to them. The integrity of the position is maintained by formal training and informal feedback provided by other participants in the role relationships (Biddle and Thomas, 1966). The studies of Combs (1969). Avila and Purkey (1971) and Combs and Soper (1969) offer some evidence for role differences in conceptions

of helping. Students whose major areas of study reflected occupational role relationships that were sanctioned both legally and by group identities which defined those roles as giving help were assigned to the care giving population. Students whose major areas of study reflected role relationships that were not sanctioned as help givers were assigned to the non-caring populations. Nursing and medical technology are examples of majors categorized as care giving and engineering, business and food management were examples of majors categorized as non-care giving.

Item Analysis: Giving Care

Correlations between each of the 103 items and the total score for all items per subject was performed on a sample of 264 university students. Of the 103 items, 75 had correlations greater than 0.20. The final form of the 50 item test was chosen from these items to obtain the desired degree of interform consistency and difficulty. These 50 items constitute the measure of giving care.

Results:

Reliability

The sample of 264 university students was obtained. The mean age was 20.45 years (SD = 1.82). Thirty-two percent were male and 68% were female. Forty-eight percent were studying for caring professions such as nursing, elementary education, and clinical psychology. A reliability of .794 was found using the Kuder-Richardson formula 21.

Population Differences

In order to test the fundamental hypothesis that the measure of giving care does indeed discriminate between carers and non-carers, a sample of 100 university students, 33 carers and 65 non-carers was obtained. The mean age was 20-62 years (SD =1.84). Results of a t test between means showed those studying for the caring professions ($\bar{X}$ = 37.818) scored significantly higher on the measure of giving care than those studying for non-caring professions ($\bar{X}$ = 32.95) ($t = 3.36$, $df = 96$, $p < .05$).

As the measure discriminated between carers and non-carers, the second hypothesis concerning the attitudes of male and female carers toward giving care was examined. Nine male carers and nine female carers were obtained. A t test was performed on the total scores. Results showed no significant difference in attitudes toward giving care by male or female carers ($t = 1.18$, $df = 16$, $p > .05$).

Alternately, the hypothesis concerning the attitudes of male and female non-carers toward giving care was examined. Seventy-seven male and sixty female non-carers were obtained. Results of a t test between the means of the two groups showed female ($\bar{X}$ = 36.26) had more positive attitudes toward giving care than males ($\bar{X}$ = 30.71) ($t = 4.01$, $df = 135$, $p < .05$).

Given carers and non-carers and males and females score differently on a test of giving care, then it was hypothesized that there would be a significant difference between female carers and non-carers as well as male carers and non-carers. Sixty female carers and sixty female non-carers were obtained. A t test between means was performed. Results showed female carers ($\bar{X}$ = 39.01) responded significantly higher on the measure of giving care than female non-carers ($\bar{X}$ = 36.26), ($t = 2.43$, $df = 118$, $p < .05$). To test the hypothesis concerning male carers and non-carers, nine male carers and nine non-carer males were obtained. Results showed no significant difference in attitude between the two groups ($t = 1.04$, $df = 16$, $p > .05$).

Item Analysis: Receiving Care

Correlations between each of the 75 items and the total score for all items per subject was performed on a sample of 261 university students. Of the 75 items, 56 had correlations greater than 0.20. The final form of the 50 item test was chosen from these items to obtain the desired degree of interitem consistency and difficulty. These 50 items constitute the measure of receiving care.

Results:

Reliability

The sample of 261 university students was obtained. The mean age was 20.45 years (SD = 1.94). Thirty percent were male and 70 percent were female. Fifty-one percent were studying for caring professions. A reliability of .794 was found using the Kuder-Richardson formula 21.

Population Differences

The hypothesis that there would be no significant differences between carers and non-carers on their respective scores on a measure of receiving care was generated. A sample of 110 university students, 37 carers and 46 non-carers was obtained. Results of a t test between means showed the hypothesis failed to be rejected ($t = .61$, $df = 81$, $p < .05$).

A construct in the American culture appears to be that females have more positive attitudes than males toward receiving care. Twenty males and twenty females total scores were compared using a t test. No significant difference obtained ($t = .32$, $df = 38$, $p > .05$). In turn, the hypothesis that female carers would show more positive attitudes towards receiving care than male carers was tested. Six male and ten female nurse scores on the receiving care measure were compared using a t test. No significant difference obtained ($t = 1.30$, $df = 8$, $p > .05$). Also, a similar hypothesis was tested concerning male and female non-carers. No significant differences obtained.

In order to assess whether there were any differences in receiving caring within sex and between caring and non-caring professions, the scores of 62 female carers and 61 female carers were compared. No significant differences obtained ($t = .66$, $df = 61$, $p > .05$). Alternately, the scores of ten male carers and 10 male non-carers were compared. Results indicated male carers received higher scores on the receiving care measure than male non-carers ($t = 2.49$, $df = 8$, $p < .05$).

Research Significance:

The evidence presented on this measure of attitudes toward giving care suggests that the instrument is reliable and has construct validity in distinguishing between members of care giving professions and members of non-care giving professions. Some evidence exists for sex differences in helping behavior (Berkowitz, 1967, Rebal, 1963, Sawyer, 1966). Data obtained from the instrument used here supports the evidence. Male students differed significantly from female students in their attitudes toward caring. In this case the women showed the more positive attitudes.

On the measure of receiving care, the evidence shows that the measure is reliable. However, it fails to differentiate between males and females and carers and non-carers. This finding remains in question and may be due to the small number of male carers (9 cases) in the sample.

While the literature on the direction of sex differences for helping behavior is inconclusive (Fiedler, 1973), the data presented here raises some important questions concerning the selection process by which male or female students opt for care giving roles. It also raises the question of whether the often-stated instrumental attitude of men and the expressive attitudes of women operate to make them more or less effective as carers.

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